

10 - William B. DeMik

Note: Jacoba DeMik was William's Second Wife
See "The DeMik Family" in the "Family Stories & Photos" Folder

Township (or Road District), not both.) Township, or Road District, or Village, or City, of <u>St Anne clee</u>		Primary Dist. No. <u>4831</u>	Registered No. <u>18</u> (Consecutive No.)
Street and Number, No. _____		St.; _____	Ward, _____ Hospital.
(If death occurred in hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>William B. DeMik</u>			
Residence. No. _____ St.; _____ Ward, _____ Hospital.			
(Usual place of abode) (If non-resident give city or town and State)			
Length of residence in city or town where death occurred <u>29</u> yrs <u>1</u> mos <u>1</u> ds. How long in U. S., if of foreign birth? <u>4</u> yrs <u>1</u> mos <u>1</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> (Write the word)	
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Jacoba DeMik</u>			
6. DATE OF BIRTH <u>July 13, 1861</u> (Month) (Day) (Year)			
7. AGE <u>65</u> Years	<u>5</u> Months	<u>14</u> Days	If LESS than 1 day, _____ hrs. OR _____ min.?
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work, _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____			
9. BIRTHPLACE (city or town) _____ (State or Country) <u>Netherlands</u>			
PARENTS	10. NAME OF FATHER <u>John DeMik</u>		
	11. BIRTHPLACE OF FATHER (city or town) _____ (State or Country) <u>DeMik</u>		
	12. MAIDEN NAME OF MOTHER <u>unknown</u>		
	13. BIRTHPLACE OF MOTHER (city or town) _____ (State or Country) <u>Netherlands</u>		
14. INFORMANT <u>Gariet DeMik</u> Address <u>St Anne clee</u>			
15. Filed <u>12-30-</u> <u>1926</u> <u>Maxine Chaffer</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH <u>12-27</u> , 19 <u>26</u> (Month) (Day) (Year)			
17. I HEREBY CERTIFY, That I attended deceased from <u>12-27</u> , 19 <u>26</u> , to <u>12-27</u> , 19 <u>26</u> , that I last saw him alive on <u>12-25</u> , 19 <u>26</u> , and that death occurred, on the date stated above, at <u>7:45 P.m.</u> The CAUSE OF DEATH* was as follows: <u>Myocarditis</u>			
Contributory (Duration) _____ yrs. _____ mos. _____ ds. (Secondary) <u>Caudal Aneurysm</u> <u>Vascular Disease</u> _____ yrs. _____ mos. _____ ds.			
18. WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Chemical Laboratory</u> (Signed) <u>J. H. Ayling</u> M. D. Address <u>St Anne clee</u> Date <u>12-29</u> , 19 <u>26</u> Telephone _____			
*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the Coroner. See Section 10, Coroner's Act.			
19. PLACE OF BURIAL OR REMOVAL <u>Bakwoods</u>		21. DATE OF BURIAL <u>12-30</u> , 19 <u>26</u>	
20. UNDERTAKER <u>L. C. Woodington</u>		ADDRESS <u>St Anne clee</u>	